

## **Patient's Guide to External Review**

You may have the right to ask for an external review if your health carrier denies service or payment for service. An Independent Review Organization (IRO) will look at that denial. The South Carolina Department of Insurance approves all IROs. You cannot ask for an external review if your plan does not cover the service. This guide is a summary of some of your rights. The Health Carrier External Review Act defines those rights.

### **Eligibility**

You can have an external review only if you meet the following items:

- The service or payment for service was denied, reduced or terminated because:
  - the service does not meet the health carrier's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness; or
  - the service was experimental or investigational and involves a life-threatening or seriously disabling condition;
- The amount payable for covered benefits is at least \$500, and
- You have completed your health carrier's internal appeals process.
  - You do not have to complete the internal appeals process if:
    - a. Your treating physician has certified in writing that you have a serious medical condition;
    - b. The service is experimental or investigational and your treating physician has provided the required certifications;
    - c. The health carrier has not issued a written decision within the time frames set forth in the health carrier's internal appeals process. It must have received all the information from you that it needs to complete the appeal. You or your authorized representative must not have agreed to a delay; or
    - d. The health carrier agrees to waive the internal appeals process.
  - You always have to complete the internal appeals process if you have already received the service.

### **Types of External Reviews**

There are two types of external reviews. The first is the standard external review. The second is the expedited external review. Expedited means "done quicker." You will find the procedures for requesting each type of review below. A list of helpful terms may be found at the end of this notice.

### **Standard External Review**

You have only 60 days to ask for a standard external review. Your 60 days start when you receive written notice of denial from the health carrier.

#### **First, you or someone acting for you must:**

- Notify the health carrier that you are asking for a standard external review. You must do this in writing;
- If your health carrier said the treatment was "experimental" or "investigational," enclose a letter or certificate from your treating physician. See "Requirements for Physician's Certificate" at the end of this notice; and
- Enclose a signed Medical Records Release form. This allows your health carrier to give your records to the IRO.

**Second, your health carrier must:**

- Assign your request to an IRO;
- Send the IRO copies of the information it used to deny the service;
- Send you a notice that it took these actions;
- Or tell you why you will not get an external review. If you have any questions, contact the South Carolina Department of Insurance.

Your health carrier must do all these things within five working days of receiving your request.

**Third, within five working days of receiving your case, the IRO must:**

- Decide if it has all the information it needs to review the case.
- Notify you if it needs more information. The IRO will tell you exactly what it needs. You must return this information to the IRO. You have seven working days after you receive the notice from the IRO to do this.

**The IRO must notify you and the health carrier within 45 days of its decision.**

**Expedited External Review**

You have only 15 days to ask for an expedited external review. Your 15 days start when you receive written notice of denial from the health carrier. You can have an expedited external review:

- if your treating physician certifies that you have a serious medical condition which requires immediate treatment; or
- you received emergency medical care, have not been discharged from a facility, and may be held financially responsible for the emergency medical care.

**First, you or someone acting for you must:**

- Notify the health carrier that you are asking for an expedited external review. You must do this in writing;
- Enclose a letter or certificate from your treating physician. This letter or certificate must state that you have a serious medical condition;
- If your health plan said the treatment was “experimental” or “investigational,” your treating physician has to say more things. See “Requirements for Physician’s Certificate” at the end of this notice; and
- Enclose a signed Medical Records Release form. This allows your health carrier to give your records to the IRO.

**Second, your health carrier must:**

- Assign your request to an IRO;
- Send the IRO copies of the information it used to deny the service;
- Send you a notice that it took these actions;
- Or tell you why you will not get an external review. If you have any questions, contact the South Carolina Department of Insurance.

Your health carrier must do all these things as quickly as possible.

**The IRO must notify you and the health carrier within three working days of its decision.**

**Understanding the Results of the Review**

If the IRO finds in your favor, your health carrier must approve the covered benefit. If the IRO does not find in your favor, you cannot request another review for the same denial.

## **Requirements for Physician's Certificate**

**Give this to your treating physician if:**

- **you have a serious medical condition; or**
- **the health carrier denied the service or payment for service because it was experimental or investigational.**

The information below tells your treating physician what must be included on this certificate. It also tells when the certificate is needed. The certificate must be sent to your health carrier.

### **Standard External Review**

If the denial of coverage is based on a determination that the health care service or treatment recommended or requested is experimental or investigational, the request for review must include a certification from the covered person's treating physician who must be a licensed physician qualified to practice in the area of medicine appropriate to treat the covered person's condition and state that:

- (a) the covered person has a life-threatening disease or seriously disabling condition; and
- (b) at least one of the following situations is applicable:
  - (i) standard health care services or treatments have not been effective in improving the condition of the covered person;
  - (ii) standard health care services or treatments are not medically appropriate for the covered person; or
  - (iii) the recommended or requested service or treatment is more beneficial than the standard health care service or treatment covered by the health carrier; and
- (c) medical and scientific evidence using accepted protocols demonstrate that the health care service or treatment requested by the covered person that is the subject of the adverse determination or final adverse determination is more beneficial to the covered person than available standard health care services or treatments and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of the standard services or treatments.

### **Expedited External Review**

- Your treating physician must certify that your health condition or illness requires immediate medical attention, where failure to provide immediate medical attention would result in a serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or would place your health in serious jeopardy.
- If your health carrier said the treatment was experimental or investigational, the treating physician must give an additional certification. This certification must be from the covered person's treating physician who must be a licensed physician qualified to practice in the area of medicine appropriate to treat the covered person's condition and state that:
  - (a) the covered person has a life-threatening disease or seriously disabling condition; and
  - (b) at least one of the following situations is applicable:
    - (i) standard health care services or treatments have not been effective in improving the condition of the covered person;
    - (ii) standard health care services or treatments are not medically appropriate for the covered person; or
    - (iii) the recommended or requested service or treatment is more beneficial than the standard health care service or treatment covered by the health carrier; and
  - (c) medical and scientific evidence using accepted protocols demonstrate that the health care service or treatment requested by the covered person that is the subject of the adverse determination or final adverse determination is more beneficial to the covered person than available standard health care services or treatments and the adverse risks of the recommended or requested health care service or treatment would not be substantially increased over those of the standard services or treatments.

**Helpful Terms**

**Life-threatening condition or disease** means a condition or disease which, according to the current diagnosis by the treating physician, has a high probability of causing the covered person's death within three years.

**Serious medical condition** means a health condition or illness that requires immediate medical attention, where failure to provide immediate medical attention would result in a serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy.

**Seriously disabling** means a health condition or illness that involves a serious impairment to bodily functions or serious dysfunction of a bodily organ or part.

**If you have any questions, contact the Department of Insurance by writing or calling:**

**Consumer Services Division  
South Carolina Department of Insurance  
Post Office Box 100105  
Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467**